	7		Form C-103
NO. OF COPIES RECEIVED			Supersedes Old
DISTRIBUTION			C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSI	ERVATION COMMISSION	Effective 1-1-65
FILE	_		5a. Indicate Type of Lease
U.S.G.S.	_		
LAND OFFICE			
OPERATOR			5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR P USE "APPLIC			
1. Re-entry OIL GAS WELL X WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
C. E. Long			Rector
3. Address of Operator			9. Well No.
Box 1578, Midland, Texas 79701			2
4. Location of Well			10. Field and Pool, or Wildcat
G	1880 FEET FROM THE North	1980	
UNIT LETTER,	FEET FROM THE	LINE AND	//////////////////////////////////////
East	TION 31 TOWNSHIP 21-S	36 <b>-</b> E	
THE LINE, SEC	TION TOWNSHIP	RANGE NMP	₩• ///////////////////////////////////</td
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
3635' Ground			Lea
Check	Appropriate Box To Indicate N	ature of Notice, Report or C	Other Data
NOTICE OF	NT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHERStatus of proj	osed workover x
0THER			
			· · · · · · · · · · · · · · · · · · ·
	Operations (Clearly state all pertinent deta	ils, and give pertinent dates, includi	ng estimated date of starting any proposed
work) SEE RULE 1103.			

## The following work has been done in the process of this proposed re-entry: Location cleared of debris and necessary blowsand and workover rig anchors located or installed.

Old cellar cleared out down to point below top of old surface casing. Old surface casing threads re-dressed and surface casing extended up to approximate surface of ground.

Most of top surface casing cement plug removed from inside of casing. Materials have been purchased and some have been moved to location. Flowline has been laid to heater-treater and connected.

Work on this re-entry is continuing but may require two to three more months for completion.

18. I hereby certify that the information above is true and complete	ete to the best of my knowledge and belief.	
SIGNED	Uwner-operator	DATE May 12, 1971
APPROVED BY MICHAN	UPERVISOR DISTNICT	MAY 17 1971
CONDITIONS OF APPROVAL, IF ANY:		

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